State of Maine Procurement Justification Form

This form must accompany ALL contract requests and sole source requisitions submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below.

PART I: OVERVIEW							
Department Office/Division/Program:			DHHS Riverview Psychiatric Center				
Department Contract Administrator or Grant Coordinator:			Matt Galletta				
(If applicable) Department Reference #:			RPC-20-609				
Estimated Contract or Grant Amount:		\$19,500.00		Advantage	e CT / RQS #:	BPO 10A 20200403*836	
AMENDMENT	Original Start Date:		<u>-</u>		New Start Date:		
	C	Original End Date:			New End Date:		
GRANT	Project Start Date:				Grant Start Date:		
	Project End Date:				Grant End Date:		
ALL OTHER	Pro	posed Start Date:	04/03/2020		Proposed End Date:		06/30/20
Vendor/Provider/Grantee Name, City, State:			Applya Corporation 131 Falls Street Ste 301 Greenville, SC 29601				
Brief Description of Goods/Services/Grant:			FFP Level 2 surgical masks – immediate need				

PART II: JUSTIFICATION FOR VENDOR SELECTION				
Mark an "X" before the justification(s) that applies to this request.				
	A. Competitive Process		G. Grant	
	B. Amendment		H. State Statute/Agency Directed	
	C. Single Source/Unique Vendor		I. Federal Agency Directed	
	D. Proprietary/Copyright/Patents		J. Willing and Qualified	
X	E. Emergency		K. Client Choice	
	F. University Cooperative Project	х	L. Other Authorization – COVID-19	

PART III: SUPPLEMENTAL QUESTIONS

Please respond to ALL of the following questions.

1. Provide a more detailed description of the goods, services or grant to supplement the response in

Riverview Psychiatric Center (RPC) is in **immediate need** of purchasing FFP Level 2 surgical masks as part of its preparation and response to the Covid19 pandemic.

Page 1 of 2 January 2020

State of Maine Procurement Justification Form

SUPPLEMENTAL	ALICATIONS

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

This vendor is able to supply RPC with a large supply of FFP Level 2 surgical masks. This is an emergency purchase and is an essential part of RPC's preparation and response to the Covid19 pandemic.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The cost for this purchase has been pre-negotiated and is fair and reasonable. This is an emergency purchase and is an essential part of RPC's preparation and response to the Covid19 pandemic. Due to the emergency nature and limited availability of this purchase there was not adequate time to solicit multiple quotations.

4. Describe the plan for future competition for the goods or services.

The Department does not plan to RFP this service.

	PART IV: APPROVALS			
Signature of requesting Department's Commissioner (or designee):	By signing below, I signify that I appl	rove of this procurer	ment request.	
Printed Name:	Den Mans	Date:	4/2/20	
Signature of DAFS Procurement Official:	Kathy Paquette		- t	
Printed Name:	Kathy Paquette	Date:	4/8/2020	